## Board of Community Health Care Management Committee Meeting February 08, 2007

The Board of Community Health Care Management Committee met February 8, 2007, at Atlanta Technical College, Cleveland L. Dennard Conference Center, 1560 Metropolitan Parkway, SW, Room 205B, Atlanta, GA, 30310.

Committee members present were Kim Gay, Chairman; Bruce Cook, Dr. Buddy English, and Richard Holmes. Kathy Driggers, DCH Chief, Managed Care and Quality, was also present.

Ms. Gay called the meeting to order at 9:05a.m. The minutes of the December 14 meeting were unanimously approved.

Kathy Driggers explained the handouts provided are not based on encounter data as the Care Management Organizations (CMOs) are not yet systematically ready to provide this information. Encounter data should begin to be transmitted from the plans to the current fiscal agent (ACS) in the next few weeks.

Ms. Driggers reviewed the Enrollment Handout and explained the information is by plan and region. Ms Driggers informed the committee that if this is acceptable, this report will be prepared for every meeting.

Mr. Cook asked who determines eligibility and expressed concern about enrollment and budget impact. Ms. Driggers said enrollment in a CMO is handled by a contracted vendor, but Medicaid eligibility is handled by the Department of Human Resources (DHR). She explained that in abiding by the Federal Deficit Reduction Act (DRA), more stringent measures to verify citizenship and income are required. Mr. Cook suggested because DCH makes policy that is implemented by DHR, DCH should have more oversight to trend and accountability to decrease over-utilization, thus positively impacting the state budget. Ms. Driggers suggested that Mr. Cook speak to Ms. Carie Summers, Chief Financial Officer. She assured him that Dr. Medows and DHR Commissioner Walker have been in ongoing discussions about this. Mr. Holmes agreed to discuss enrollment with Dr. Medows and Ms. Summers.

Ms. Driggers reviewed the Capitation Payment handout. She informed the Committee that the February totals are not on the report, and she said she will be emailing this information to each member. Mr. Cook asked when the Plan's contracts are to be renegotiated. Ms. Driggers explained that renegotiations are annual and handled by Mercer, DCH's actuarial firm. Mercer develops rate ranges within which new rates are negotiated with each CMO. Mr. Holmes asked if the Capitation Rates are quality or financial based. Ms. Driggers replied that rates are financial; however, incentives such as auto assignment and bonuses are built into the contract for improvement of quality care. Dr. English asked if increasing Health Check rates are built into the rates; he expressed provider frustration about the low reimbursement. Ms. Driggers stated the increase in Health Check was not funded for the CMOs by the legislature.

Ms Driggers reviewed the Claim Dashboard Handout with the Committee members. She explained that on the web, the only claim information shown is Doctor and Facility. Ms. Driggers educated the committee members about Health Benefit Ratio, also called Medical Loss Ratio. This percentage is an indicator of how well plans are operating within their budget. Mr. Cook asked if the plans are showing a variance and which one was good or bad. Ms. Driggers responded that it is too early to indicate, as a year is the industry accepted timeframe to review this information. She also said the information is available through the Department of Insurance. Mr. Holmes asked that Ms. Gay bring this issue up at a later Board Meeting.

Ms Driggers reviewed the Utilization Handout with the Committee members. She said that eventually other indictors, such as Emergency Room visits per 1000 members and inpatient admissions per 1000, will be on the report. Ms. Gay asked if Disease Management areas will be on the report in the future and what is being done to monitor customer satisfaction. Ms Driggers said that Disease Management indicators can be added in the future. She informed the committee that the plans must do annual member and provider

satisfaction surveys and that internal Care Management Staff monitors CMO calls, quality of services and other areas. A discussion ensued regarding cost, resources and purpose. Ms. Driggers agreed to provide the Committee with a breakdown of available staff and financial resources along with anticipated staff and cost necessary to produce an initial satisfaction survey to be used for benchmarking purposes.

Ms Driggers informed the Committee members that the Dashboard Claim Report, which has been posted monthly, will now be posted quarterly. She stated this report requires merging several larger reports into a format that is more easily understood. She went on to say this process is time consuming and that quarterly monitoring is more appropriate for a maturing program. Mr. Holmes expressed concern about the ability of the Care Management Organization to respond to problems if done quarterly. Mr. Cook stated that monthly information is needed to support quarterly data. A discussion ensued. Ms. Gay stated she wants to ensure members are taken care of, providers are paid timely and the state is saving money and this report may help validate this is occurring. Ms. Driggers agreed to revise the current report with data that provides a high level overview and breakdown of claim payment timeliness.

Ms. Driggers reviewed the Regional Access Issue Map and accompanying Explanation of Issues Handouts. She stated there continue to be some problems with Pediatric Sub-specialties in certain regions or counties. Ms. Gay stated that certain areas have always had a low number of Pediatric Sub-specialists. Dr. English asked if the plans are allowed to do "exclusive contracts" with providers. Ms. Driggers stated the plans are allowed to do exclusive contracts, and it is each provider's business decision to agree to contractual terms. This concluded Ms. Driggers' report.

There being no further business, Ms. Gay adjourned the meeting at 10:21a.m.

KIM GAY, CHAIRMAN Care Management Committee